Driving Dilemmas

A Guide to Driving Assessment in Primary Care

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KEYWORDS

• Geriatrics • Driving • Assessment • Safety • Mandatory reporting

KEY POINTS

- Life expectancy exceeds driving fitness expectancy in the United States, meaning most older adults will need to retire from driving in their lifetime.
- Driving safety relies on the coordination of multiple complex functions, including visual acuity and perception; cognitive abilities, including executive function and multitasking; and neuromuscular function.
- There is no single validated screening tool to assess driving safety; thus, evaluation requires a multifaceted approach.
- Primary care providers should know local reporting laws and should be competent to counsel their patients on driving cessation and alternative transportation strategies.

INTRODUCTION

Clinical assessment of driving ability is one of the most challenging problems for those who provide primary care to older adults. In our aging population, older drivers are increasing in number and driving more miles than in the past.[1,2] It is estimated that by 2050, drivers aged 65 years and older will comprise 25% of the US driving population.[3] Although age is not a reliable predictor of driving safety, age-related changes in both physical and cognitive abilities may affect driving safety over time.[4] Around 70 years of age fatal crash rates per mile traveled begin to significantly increase, and fatal crash rates among all drivers are highest for those aged 85 years and older.[3,5]

Some states have passed legislation to tighten license renewal requirements for older drivers, and many others are considering similar options. However, it is important to keep in mind that driving often equates to independence for older adults. Life expectancy in the United States exceeds driving fitness expectancy by roughly 6 years for men and

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10 years for women.[2] When older adults are forced to stop driving, they depend on others for transportation and may be at risk for social isolation and increased rates of depression and anxiety.[6–8] For these reasons, appropriate and accurate assessment of fitness to drive is key to both safety and quality of life in older adults.

Studies looking at self-rated driving ability show that older drivers tend to score themselves higher on ability as their skills decline.[9] At the same time, studies looking at driving cessation show that older drivers feel strongly about making their own decisions regarding driving.[10] However, most older adults agree that if a primary care provider advised them to stop driving, they would do so.[11] Given this dichotomy between driving perception and ability, it is clearly within the role of primary care providers to assess and counsel older drivers and to make recommendations or referrals as necessary. The goal of this review is to give primary care providers an overview of appropriate driver assessment and provide tools to accomplish this as efficiently as possible in a busy primary care setting.

WHEN TO ASSESS FOR DRIVING FITNESS

Driving safety is not a reflection of age, but ability; there are no guidelines on when to screen for driving ability. Studies of driving patterns among older drivers show stronger associations between cessation of driving and impairment in visual, motor, and cognitive functions than with any specific diagnosis.[2,7] This finding makes knowing when to screen for driving impairment difficult; it falls to patients, families, and the provider to pay attention to warning signs of declining ability. Acute events, such as hospitalizations, or acute worsening of chronic conditions should alert providers to assess driving safety.[12] **Box 1**

Box 1
Red flag conditions to prompt driver assessment

History of falls

Gait impairment

Peripheral neuropathy

Orthostatic hypotension

Syncope or presyncope

Stroke or TIA

Seizure

Recurrent hypoglycemia

Visual impairment despite correction

Vertigo

Neurodegenerative diseases (eg, Parkinson, MS, SCA)

Cognitive impairment

Functional impairment in ADLs or IADLs

Delirium

Alcohol or substance abuse

Chronic use of high-risk medications

Abbreviations: ADLs, activities of daily living; IADLs, instrumental activities of daily living; MS, multiple sclerosis; SCA, spinocerebellar ataxia; TIA, transient ischemic attack.